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| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10586386 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>LEISING, GUNTHER |
|  | <b>Examiner</b><br><br>Li, Meiya               | <b>Art Unit</b><br><br>2811  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |            |            |            |  |  |  |  |  |  |
|---|----------|------------|------------|------------|--|--|--|--|--|--|
| CLAIM   |          | DATE       |            |            |  |  |  |  |  |  |
| Final   | Original | 11/29/2007 | 05/21/2008 | 12/17/2008 |  |  |  |  |  |  |
|   | 1        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 2        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 3        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 4        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 5        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 6        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 7        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 8        | ✓          | -          | -          |  |  |  |  |  |  |
|   | 9        |            | ✓          | ÷          |  |  |  |  |  |  |
|   | 10       |            | ✓          | ÷          |  |  |  |  |  |  |
|   | 11       |            | ✓          | ÷          |  |  |  |  |  |  |
|   | 12       |            | ✓          | ÷          |  |  |  |  |  |  |
|   | 13       |            | ✓          | ÷          |  |  |  |  |  |  |
|   | 14       |            | ✓          | ÷          |  |  |  |  |  |  |
|   | 15       |            | ✓          |            |  |  |  |  |  |  |